

DSDS STAFF EMPLOYMENT AUTHORIZATION FORM

(complete and mail or fax (302-368-7669) to the DSDS office for inclusion on the Members' only section of the DSDS website for sixty days). DSDS, 200 Continental Drive, Suite 111, Newark, DE 19713.

FOR INDIVIDUALS SEEKING A POSITION IN A DENTAL OFFICE

Information for DSDS records only:

Name: _____

Address: _____

Telephone: (_____) _____

Fax: (_____) _____

E-Mail: _____

Information as you would like it to appear on the website:

Name: _____

Address, Telephone, Fax or Email address to contact you: _____

Position you are seeking (include qualifications, hours & days available for employment and the best time to be contacted regarding an interview.)

This information will appear on the Members' Only Section of the DSDS website for sixth days. Please notify the DSDS office when you have been employed. If you have not located a position within sixty days you will need to file this form again.

For DSDS office use only: **Date form received** _____
 Date Ad Inserted on Website _____
 Date Ad Reinserted on Website _____
 Date Ad Removed from Website _____